| Department of Public Safety / Division of State Police  "ate Police Troop: K - Colchester Case Nurr  |                                     |   | ACCIDENT INFORMATION Dec: DP8- 04-055833   |  |  |                                     | Notations:                        |  |
|--|-------------------------------------|---|--|--|--|-------------------------------------|-----------------------------------|--|
| vestigating Trooper: <u>Kilcomons</u> # 579  | Date:1                              | 1/8/04  | Time:  | 0607   | •  | Weather: _<br>Lane _<br>Direction o |                                   |  |
| o. & Type of Veh's Involved: 4 car (Passenger Car, Truck, Bus, Etc.)   |                                     |   | (Pedestrian, Pole, E   | Bridge Abu   | tment, Etc)  | N S.                                | E W                               |  |
| own / City:Lebanon   |                                     |   | Rt. 289  |  |  |                                     |                                   |  |
| tility Pole Name & Number (If Applicable):   |                                     |   |  |  | (Specify):   |                                     |                                   |  |
| Per#1: Palmer, Raymond A Jr OB: 8/21/47 Gender: 🖾 M  | □F                                  |   | Owen, Timo<br>10/26/76   |  |  | <b>△</b> M                          | □F                                |  |
| ddress: 76 Colchester Cmmns  |                                     |   | 149 Ashfor   |  |  |                                     |                                   |  |
| own:         Colchester         State:         CT         Zip:           per. Lic. # 082688284         Type:         2         State:  | CT 06415                            |   | Ashford<br># 226612617   |  |  |                                     |                                   |  |
|  |                                     |   |  |  |  |                                     |                                   |  |
| wner#1: same   |                                     |   | same   |  |  |                                     |                                   |  |
| egistration Plate: 842-PDJ State: CT   |                                     |   | on Plate: 3CB11  |  | State:   | CT                                  |                                   |  |
| ake: <u>SAAB</u> <u>Model: 90S</u> Yea<br>IN: <u>YS3DD35B3V2038795</u>   |                                     | Make:<br>VIN:   | Ford<br>2FTHF26M6LC  |  | F-250  | Yea                                 | r: 1990                           |  |
| surance Policy#: AX00202152  Juries: minor Heavy left front  |                                     | Insurance<br>Injuries:<br>Vehicle D   | Policy#:<br>none<br>amage: left  | _0585=<br>rear                                     | 75-68  |                                     |                                   |  |
| AMEX Assurance Co.  asurance Policy#:  AX00202152  aljuries: minor  hicle Damage: Heavy left front  ahicle Towed: No Yes, Desmond's  accupant(s): [Name / DOB / Address / Position in Veh]   |                                     | Insurance<br>Injuries:<br>Vehicle D<br>Vehicle To   | Policy#:<br>none   | -0585-<br>rear<br>Raym                             | 75-68<br>ond's   |                                     |                                   |  |
| Surance Policy#: AX00202152  Juries: minor hicle Damage: Heavy left front Phicle Towed: No Yes, Desmond's ccupant(s): [Name / DOB / Address / Position in Veh]  N/A  Sper#3: Gonzalez, Marco P.  |                                     | Insurance<br>Injuries:<br>Vehicle D<br>Vehicle To<br>Occupant   | Policy #: none amage: left owed: □No ∰Yes ((s): [Name / DOB  | O585=<br>rear<br>Raym<br>Address                   | 75-68<br>ond s   | Veh ]                               |                                   |  |
| AX00202152  Injuries: minor  Injuries: m |                                     | Insurance Injuries: Vehicle D Vehicle To Occupant N/A  Oper #4: DOB:  | Policy#: none amage: left owed: □No ∰Yes ((s): [Name / DOB   | O585-<br>rear<br>Raym<br>Address                   | 75-68 ond's / Position in  | Veh ]                               |                                   |  |
| surance Policy#: AX00202152  Juries: minor hicle Damage: Heavy left front Shicle Towed: [No Yes, Desmond's ccupant(s): [Name/DOB/Address/Position in Veh]  N/A  per#3: Gonzalez, Marco P. OB: 4/25/82 Gender: Marco P. ddress: 340 Pleasant St #5  pwn: Willimantic State: CT Zip. per. Lic. # None Type: State:   | □F<br>: 06226                       | Insurance Injuries: Vehicle D Vehicle To Occupant N/A  Oper #4: DOB: Address: Town: Oper. Lic.  | Policy #: none  amage: left owed: □No ♠Yes (s): [Name/DOB  Gutierrez, 3/23/74  146 Chapma  Willimanti # None   | near<br>Raym<br>Address                            | 75-68 ond 's / Position in  R. Gender: L State: CT                                     | Veh ]  ☑ M  Zip: State:             | □F<br>.06226                      |  |
| Surance Policy#: AX00202152  Juries: minor hicle Damage: Heavy left front shicle Towed: No Yes, Desmond's ccupant(s): [Name / DOB / Address / Position in Veh]  N/A  per #3: Gonzalez, Marco P.  OB: 4/25/82 Gender: M  ddress: 340 Pleasant St #5  own: Willimantic State: CT Zip. per. Lic. # None Type: State: wner #3: Ortiz, Miguel A   | □F<br>: 06226                       | Insurance Injuries: Vehicle D Vehicle To Occupant N/A  Oper #4: DOB: Address: Town: Oper. Lic. Owner #4   | Policy #: none amage: left owed: □No ∰Yes (s): [Name/DOB  Gutierrez, 3/23/74  146 Chapma Willimanti # None : Benway, N                               | n St 1   | 75-68 ond s / Position in  R. Gender: L State: CT                                      | Veh ]  ☑ M  Zip:State:              | □F<br>.06226                      |  |
| surance Policy#: AX00202152  Juries: minor hicle Damage: Heavy left front ehicle Towed: No Yes, Desmond's ccupant(s): [Name/DOB/Address/Position in Veh]  N/A  per#3: Gonzalez, Marco P.  OB: 4/25/82 Gender: M ddress: 340 Pleasant St #5  own: Willimantic State: CT Zip. per. Lic. # None Type: State: wner#3: Ortiz, Miguel A ddress: 920 Riverside Dr A8 Willimantic  | □F<br>: 06226                       | Insurance Injuries: Vehicle D Vehicle To Occupant N/A  Oper #4: DOB: Address: Town: Oper. Lic. Owner #4 Address:  | Policy #: none  amage: left owed: □No □Yes (s): [Name/DOB  Gutierrez, 3/23/74  146 Chapma Willimanti # None : Benway, N                              | Jose In St 1 c ancy 3 Norw                         | 75-68 ond 's //Position in  R. Gender: L State: CT Type:                               | Veh ]  M  Zip:State:                | □F<br>.06226                      |  |
| surance Policy#: AX00202152  Juries: minor hicle Damage: Heavy left front  Shicle Towed: []No []Yes, Desmond's ccupant(s): [Name / DOB / Address / Position in Veh ]  N/A   per #3: Gonzalez, Marco P. OB: 4/25/82 Gender: [] M  ddress: 340 Pleasant St #5  own: Willimantic State: CT Zip. per. Lic. # None Type: State: wher #3: Ortiz, Miguel A  ddress: 920 Riverside Dr A8 Willimantic egistration Plate: 202-SPG State: CT  | □F<br>: 06226                       | Insurance Injuries: Vehicle D Vehicle To Occupant N/A  Oper #4: DOB: Address: Town: Oper. Lic. Owner #4 Address: Registrati   | Policy #: none  amage: left owed: □No ∰Yes (s): [Name / DOB  Gutierrez, 3/23/74  146 Chapma  Willimanti # None  Benway, N  PO Box 52 Ion Plate: 6CR1 | Jose In St 1 c ancy 3 Norw                         | Ond's //Position in  R. Gender: L State: CT Type:                                      | Veh ]  M Zip:State:                 | □F<br>Ω6226                       |  |
| surance Policy#: AX00202152  Juries: minor Hicle Damage: Heavy left front Shicle Towed: []No []Yes, Desmond's ccupant(s): [Name / DOB / Address / Position in Veh ]  N/A   Deer#3: Gonzalez, Marco P.  OB: 4/25/82 Gender: []M  ddress: 340 Pleasant St #5  Dwn: Willimantic State: CT Zip.  per. Lic. # None Type: State: wner#3: Ortiz, Miguel A  ddress: 920 Riverside Dr A8 Willimantic egistration Plate: 202-SPG State: CT  ake: Ford Model: Tempo GL Yea  | □F<br>: 06226                       | Insurance Injuries: Vehicle D Vehicle To Occupant N/A  Oper #4: DOB: Address: Town: Oper. Lic. Owner #4 Address: Registrati Make:                                     | Policy #: none  amage: left owed: □No □Yes (s): [Name/DOB  Gutierrez, 3/23/74  146 Chapma Willimanti # None : Benway, N                              | Jose In St 1 Cancy 3 Norw 03                       | Ond's //Position in  R. Gender: L State: CT Type:                                      | Veh ]  M Zip:State:                 | □F<br>Ω6226                       |  |
| surance Policy #: AX00202152  Juries: minor hicle Damage: Heavy left front  Phicle Towed: [No Pyes, Desmond's ccupant(s): [Name / DOB / Address / Position in Veh ]  N/A   per #3: Gonzalez, Marco P. OB: 4/25/82 Gender: M | □F : 06226 i.c., CT ar: 1993        | Insurance Injuries: Vehicle D Vehicle To Occupant N/A  Oper #4: DOB: Address: Town: Oper. Lic. Owner #4 Address: Registrati Make: VIN: Seatbelt(s                     | Gutierrez, 3/23/74  146 Chapma Willimanti # None : Benway, N PO Box 52 don Plate: 6CR1   | Jose In St 1 c ancy 3 Norw 03 Model: 41031 Airbag: | Ond's //Position in  R. Gender: L State: CT Type:                                      | Veh ]  Zip: State:  CT Yea          | □F<br>Ω6226<br>r: 1994<br>No □N/A |  |
| Surance Policy#: AX00202152  Juries: minor hicle Damage: Heavy left front Shicle Towed: No Yes, Desmond's ccupant(s): [Name / DOB / Address / Position in Veh]  N/A  Deper #3: Gonzalez, Marco P.  OB: 4/25/82 Gender: M | □F : 06226 i.c., CT ar: 1993        | Insurance Injuries: Vehicle D Vehicle To Occupant N/A  Oper #4: DOB: Address: Town: Oper. Lic. Owner #4 Address: Registrati Make: VIN: Seatbelt(sinsurance Insurance  | Gutierrez, 3/23/74  146 Chapma Willimanti # None  Benway, N PO Box 52  con Plate: 6CR1  Chevrolet  CGCEC19H5R11  S): Yes No Company: Policy #:       | Jose In St 1 c ancy 3 Norw 03 Model: 41031 Airbag: | R. Gender: L State: CT Type: ich, CT State: C1500                                      | Veh ]  Zip: State:  CT Yea          | □F<br>Ω6226<br>r: 1994<br>No □N/A |  |
| Surance Policy#: AX00202152  Spuries: minor Sphicle Damage: Heavy left front Sphicle Towed: No Myes, Desmond's Cocupant(s): [Name / DOB / Address / Position in Veh]  N/A  Sper#3: Gonzalez, Marco P.  OB: 4/25/82 Gender: My  ddress: 340 Pleasant St #5  own: Willimantic State: CT Zip. Sper. Lic. # None Type: State: Swner#3: Ortiz, Miguel A  ddress: 920 Riverside Dr A8 Willimantic Segistration Plate: 202-SPG State: CT  lake: Ford Model: Tempo GL Yea  IN: 1FAPP36X7PK196491  eatbelt(s): Yes No Airbag: Yes(Deployed Y N) My  surance Company: unknown  | □F<br>: 06226<br>ic, CT<br>ar: 1993 | Insurance Injuries: Vehicle D Vehicle To Occupant N/A  Oper #4: DOB: Address: Town: Oper. Lic. Owner #4 Address: Registrati Make: VIN: Seatbelt(s Insurance Injuries: | Policy #: none amage: left owed: □No □Yes (s): [Name / DOB  Gutierrez, 3/23/74  146 Chapma Willimanti # None : Benway, N                             | Jose In St 1 Cancy Model: 41031 Airbag: [ none     | Ond's //Position in  R. Gender: L State: CT Type: Ich, CT State: C1500  ]Yes (Deployed | Veh ]  Zip: State:  CT Yea          | □F<br>Ω6226<br>r: 1994<br>No □N/A |  |

Closed



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## Brief Description of Accident

Vehicle #1 was traveling northbound on Rt. 289 in the town of Lebanon. Vehicles #2, 3, and were traveling southbound on Rt. 289. Vehicle #3 passed several vehicles over the double yellow center line. As Vehicle #3 was passing Vehicle #2, Vehicle #3 struck Vehicle #1 yellow center line. As Vehicle #3 was passing Vehicle #2 to skid off the left side of the head-on. Vehicle #3 then struck Vehicle #2 causing Vehicle #3 with the left front of Vehicle roadway striking a guardrail. Vehicle #4 then struck Vehicle #3 with the left front of Vehicle #4.

| This investigation is.                                     | Jen / Comming  |  |
|--|----------------|--|
| MEDICAL ATTENTION:  #1 Ambulance ∑Yes, Company Lebanon □No | #2 Ambulance   | Yes, Company Windham No                |
| Patient Name: Palmer. Raymond                              | Patient Name:  | Owen, Timothy                          |
| Patient Name: Paimer. Raymond  Hospital Windham Hosp.      | Hospital       | Windham Hosp.                          |
| Injuries minor   |                | none                                   |
| #3 Ambulance XYes, Company Lebanon No                      | #4 Ambulance   | Yes, Company Lifestar No               |
| Patient Name: Gonzalez, Marco P.                           | Patient Name:  | Gonzalez, Renee                        |
| Harmital Windham Hosp.                                     | Hospital       | Backus Hosp. Broken wrist/arm          |
| Injuries Fatal   | Injuries       | Broken Wrist/aim                       |
| FATALITIES: Do Not Release Unless Next of Kin              | Notified Name  |  |
| Name Gonzalez, Harco 1.  Next of Kin Notified?  Yes No     | Next of Kin No |  |
| Next of Kin Notified?                                      | Next of Kin No | otified?                               |
| ENFORCEMENT ACTION:  |                |  |
| Arrested Under Investigation                               | Arrested       |  |
| Warned   | Warned         |  |
| Supervisor's Approval Required: Signature                  | JF             | #172 Date 11/8/00                      |
| Supervisor a Approve                                       | 74. T. C.      | ************************************** |